been examined soon after the commencement of the disease, have shown myelitis. Recent cases alone are of value in determining the primary seat of the affection.

Matthes reports a case of anterior poliomyelitis in which death occurred eight days after the beginning of the paralysis. He found circumscribed hemorrhagic myelitis, with changes in the ganglion cells of the anterior horns, which he regarded as secondary. The vessels arising in the anterior spinal artery seemed to be almost the only ones affected. This is the first case of anterior poliomyelitis studied by the method of Nissl. SPILLER.

120. UEBER EINEN FALL VON TUMOR CEREBRI (Concerning a Case of Cerebral Tumor). **H. Oppenheim** (Deutsche med. Wochenschrift, 10, 1898).

Oppenheim reports an interesting case of brain tumor. The patient spoke quite well so long as he was in the recumbent position, though he had some difficulty in remembering words. The disturbance of speech increased when he was sitting, and he had much difficulty in recalling words, and did not understand all that was said to him. Words which he could not remember when he was sitting were recalled almost immediately when he laid down. The disturbance of speech Oppenheim describes as amnestic aphasia and paraphasia, because the patient spoke much and sensibly, but had difficulty in finding words. In the sitting posture the disturbance of speech took the form of word deafness. A sarcoma was found in the left supramarginal gyrus at the necropsy, and involved also the posterior part of the first temporal gyrus. The left temporal lobe was supposed to have been pressed upon by the growth when the patient was sitting. SPILLER.

121. PATHOLOGY OF A CASE OF FRIEDREICH'S DISEASE. WITH A SUMMARY OF PREVIOUSLY REPORTED CASES. **H. Mackay, M.D.** (Brain, 21, 1898, p. 435).

The author presents an extended study of a case of Friedreich's ataxia and gives a very complete summary of all of the known published cases. He believes that our present knowledge of the pathogenesis of the disease cannot be better summed up than in Guizetti's conclusion, that Friedreich's disease depends upon a congenital predisposition, in consequence of which, in the early years of life, certain systems of fibers and nerve cells undergo a process of progressive atrophy, and that the process is independent of any contributory effect from vascular alterations. In further explanation of the process the author adds that the expression "certain systems of fibers and cells" in these conclusions of Guizetti ought perhaps to be understood as follows:

A. (Due to arrested development at the eighth month.) Tracts in the cord which are the latest to undergo medullation, viz., the pyramidal tracts, direct and crossed, and the postero-internal tract.

B. (Secondary to mal-development of Goll's column?) Systems of fibers and cells functionally related to the postero-internal tract. The extent of the atrophic process as to systems attacked and degree of degeneration in individual systems may be dependent upon the duration of the disease, these systems may include: 1. The peripheral sensory neuron complex in its entirety, viz., peripheral sensory fibers, ganglion cells, posterior roots and root zones (Burdach's, Lissauer's), fibers to Clarke's columns, to the middle zone, and to the anterior cornua.

2. Portions of the central sensory neurons, viz., cells in posterior horns, with associated ascending fibers, cells in Clarke's columns, with associated fibers (direct cerebellar tract), cells in middle zone, with

associated fibers (Gowers' tract), cells in medullary nuclei, clavate and cuneate, with associated fibers (internal arcuate). JELLIFFE.

122. PARALYSIE DU VOILE DU PALAIS ET DU FACIAL INFÉRIEUR DROIT, AVEC PARESIE DU PNEUMOGASTRIQUE ET DU PHRENIQUE DANS UN CAS D'ANGINE DIPHTHÉRIQUE (Paralysis of the Soft Palate and of the Right Inferior Facial, with Paresis of the Pneumogastric and the Phrenic Nerves in a Case of Diptheritic Angina. Varnali (La Presse Médicale, Aug. 13, 1898.)

The patient had suffered for some days from a sore throat, from which she apparently recovered, when she commenced to experience difficulty in gargling, and the voice became nasal. The soft palate was motionless and anesthetic, and failed to react even to electricity. A few days later there was a deviation to the left of the orbicularis oris and the right naso-labial fold disappeared. There was partial reaction of degeneration in the muscles of the paralyzed side. Three days later the patient suffered from tachycardia and difficulty in respiration, that was apparently caused by paresis of the diaphragm, which contracted poorly and irregularly. Deglutition was exceedingly difficult. The epiglottic reflex was lost, and the vocal cords were paretic. Subsequently there was tingling and a sensation of cold in the legs and arms, but she ultimately recovered. Varnali believes that the extensive distribution of the lesions in this case indicates the fact that the post-diphtheritic paralyses are due to neuritis and not to a central lesion. SAILER.

123. A REMARKABLE CASE OF APHASIA. ACUTE AND COMPLETE EMBOLIC SOFTENING OF THE LEFT MOTOR-VOCAL SPEECH CENTER (BROCA'S CONVOLUTION) IN A RIGHT-HANDED MAN; TRANSIENT MOTOR APHASIA, MARKED INABILITY TO NAME OBJECTS, AND ESPECIALLY PERSONS, CONSIDERABLE AGRAPHIA AND SLIGHT WORD-BLINDNESS. Byrom Bramwell (Brain, 21, 1898, p. 343).

An epitome of this interesting case is given in the title; the more complete history should be consulted in the original. The author's own conclusions are as follows: "It may, of course, be argued that the motor-vocal speech center is not necessarily limited to the posterior end of the lower (third) left frontal convolution (Broca's convolution), or indeed to the adjacent parts of the lower (third) left frontal convolution (for in this case the softening involved not only the 'foot,' but also the 'cap' and the 'orbital' portion of the third left frontal convolution), but that it may, in exceptional cases, of which this was an example, be situated in the adjacent parts of the left hemisphere (the lower end of the left ascending frontal convolution, etc.). In other words, that the modern view, that the lower end of the left ascending frontal convolution is merely the ordinary psycho-motor center for the lower face, tongue, larynx, etc., and that it is not, properly speaking, a part of the motor-vocal speech center, is erroneous. If this be granted, it must, of course, be allowed that it is unnecessary to suppose that the action of the left motor-vocal speech center was in this case taken up, and carried on by the corresponding center in the right hemisphere."

"In short, after the most careful and impartial consideration of the whole question. the most reasonable explanation of the absence of motor-vocal aphasia in this case, in which Broca's convolution was completely and acutely destroyed, seems to me to be that the function of the left motor-vocal speech center was taken up and carried on by the motor-vocal speech center in the right hemisphere of the brain."

JELLIFFE.